

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576 418

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | 1 | | 1 | | | |
| 3 | 1 | | 1 | | | |
| 4 | 1 | | 1 | | | |
| 5 | 4 | | 4 | | | |
| 6 | 2 | | 1 | | | |
| 7 | 2 | | 2 | | | |
| 8 | 1 | | 1 | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | 2 | | | |
| 13 | | | 2 | | | |
| 14 | 1 | | 2 | | | |
| 15 | 1 | | | | | |
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| TOTAL IND. | | | 9 | | | |
| TOTAL DEP. | | 28 | | | | |
| TOTAL CLAIMS | | 37 | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |